# SEPARATION ACTION CONTROL SHEET

For use of this form, see AR 635-200; the proponent agency is DCS, G-1.

NAME *(Last, First, Middle Initial)*                    SSN

UNIT                                                     DATE PREPARED

| ITEM NO. | ACTION | DATE | DAYS REQUIRED | TOTAL ELAPSED DAYS |
|---|---|---|---|---|
| 1. | Notification to service member of initiation of separation procedures. | | | |
| 2. | Service member acknowledges receipt of notification. | | | |
| 3. | Service member indicates election of rights. | | | |
| 4. | Unit Commander's recommendation for separation forwarded to: | | | |
| 5. | Separation case received at: | | | |
| 6. | Actions completed *(Specify):* and/or case forwarded to: | | | |
| 7. | Separation case received at: | | | |
| 8. | Actions completed *(Specify):* and/or case forwarded to: | | | |
| 9. | Service member entitled to and elected hearing before Administrative Board. Board convened on: | | | |
| 10. | Separation case received at: | | | |
| 11. | Final Disposition *(Specify):* | | | |
| 12. | Service member separated from the service. | | | |
| 13. | Total days required to process case. | | | |

REMARKS

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**DA FORM 5138, MAY 2005**            EDITION OF JUN 2000 IS OBSOLETE            APD V1.00